

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000009814

1. Entity Name
LAKEHAVEN APARTMENTS, INC.



Principal Place of Business
**500 FEDHAVEN CIRCLE
FEDHAVEN, FL 33854**

Mailing Address
**PO BOX 8347
LAKE SHORE, FL 33854-8347 US**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3406997

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RUBIN, MARK R
777 ARTHUR GODFREY RD
MIAMI BEACH, FL 33140**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RUBIN, MARK R
STREET ADDRESS	777 ARTHUR GODFREY RD
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	ANDREWS, ROBERT M
STREET ADDRESS	5032 BRANDWINE WAY
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	DOOLEY, RICHARD
STREET ADDRESS	207 LAKE ST
CITY-ST-ZIP	EVANSTON, IL 60201
TITLE	D
NAME	GIOVANNA, CHARLES DI
STREET ADDRESS	64 W. BROTHER DR
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000890769
04/22/08-80108-020 150.00

**DO NOT WRITE
IN THIS SPACE**

U00000890769
04/22/08-80108-021 8.75

12. I hereby certify that the information supplied in this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]
MARK RUBIN

4/8/08

305-538-4314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #